

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street)

700 Newport Center Drive

☐Check if different  
than previously  
reported. (ACC)

Newport Beach

CA

92660

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00068528

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Haskell

Signature of Treasurer

Electronically Filed by Robert Haskell

Date

0 1

1 8

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	62827.65
(b) Cash on Hand at Beginning of Reporting Period .....	7769.25	
(c) Total Receipts (from Line 19) .....	35357.62	225799.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43126.87	288626.87
7. Total Disbursements (from Line 31) .....	8500.00	254000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34626.87	34626.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	34314.96	174438.76
(ii) Unitemized .....	1042.66	51360.46
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35357.62	225799.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	35357.62	225799.22
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35357.62	225799.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35357.62	225799.22

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	254000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8500.00	254000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	254000.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35357.62	225799.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35357.62	225799.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City

WALNUT

State

CA

Zip Code

91789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362104598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362124598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN H BROWN

Mailing Address 505 13TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ITS STRATEGIC SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362254598

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR BUS ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362274598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2004.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362304598

Amount of Each Receipt this Period

334.00

P/R Deduction (\$167.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362324598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

594.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP FIN RPTG, OPS & INFO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362384598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362404598

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

STRCT STTLMENTS CONS (G)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362424598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN A CLUNE

Mailing Address 858 S BLUEBIRD CIR

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ASST TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362464598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CLIENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362484598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINE WAY

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362514598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

370.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL C CRAIN

Mailing Address 36 WINTERGREEN

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MGR PROD COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362544598

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362554598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362564598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R CURRY

Mailing Address 12162 WICKLOW LN

City

NAPLES

State

FL

Zip Code

34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362574598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City

IRVINE

State

CA

Zip Code

92623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362594598

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DIANE W DALES

Mailing Address 28 CLERMONT

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362604598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City

QUINCY

State

WA

Zip Code

98848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362624598

Amount of Each Receipt this Period

240.00

P/R Deduction (\$120.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362714598

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER S FIEK

Mailing Address 22 ARCADE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362774598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362784598

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362864598

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RISK SELECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362904598

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADV & PUB RLTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362924598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. LORENE C GORDON

Mailing Address 37 LANTANA

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362934598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

APPLIC DEV MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10362944598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C GREEN

Mailing Address 12889 RALSTON CIR

City

SAN DIEGO

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR CONSTR LOAN ACCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10362954598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP FINANCE &amp; RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10362964598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. IRENE L JACOBSEN

Mailing Address 6052 SAN YSIDRO CIR

City

BUENA PARK

State

CA

Zip Code

90620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

ACCOUNT MGMT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10362994598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

COMMUNITY RELTNS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363034598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 1880 N EL CAMINO REAL

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363064598

Amount of Each Receipt this Period

833.32

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363074598

Amount of Each Receipt this Period

148.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1101.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J HEMSTEAD

Mailing Address 5613 DAISY ST

City

SIMI VALLEY

State

CA

Zip Code

93063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363104598

Amount of Each Receipt this Period

170.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363114598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363164598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR CORPORATE RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363204598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH E JACK

Mailing Address 27 TOULON AVE

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363224598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

NATL SLS MGR M CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363244598

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CORP FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363254598

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACTUARIAL & REINS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363264598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363274598

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City

PLACENTIA

State

CA

Zip Code

92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORPORATE TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363284598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. LORI A JOHNSTONE

Mailing Address 27 GRAY STONE WAY

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363294598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363324598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363374598

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INSTITUTIONAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363424598

Amount of Each Receipt this Period

300.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363454598

Amount of Each Receipt this Period

170.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363474598

Amount of Each Receipt this Period

800.00

P/R Deduction (\$400.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363544598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VARIABLE REG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363564598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J BABKOW

Mailing Address 9901 OCEANCREST DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FIELD FINANCIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363584598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City

IRVINE

State

CA

Zip Code

92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ANNUITY APPS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363594598

Amount of Each Receipt this Period

300.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363604598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363614598

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT B MC KIBBIN

Mailing Address 6911 W 129TH PL

City

OVERLAND PARK

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363624598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363634598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 93

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City

BURLESON

State

TX

Zip Code

76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363644598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP &amp; CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363664598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN J MIDDLEBROOKS

Mailing Address 2024 E OCEAN BLVD

City

NEWPORT BEACH

State

CA

Zip Code

92661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP &amp; CHIEF LIFE UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363694598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3180.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363714598

Amount of Each Receipt this Period

540.00

P/R Deduction (\$270.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD & PORT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363754598

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363764598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES T MORRIS

Mailing Address 32141 COOK LN

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363794598

Amount of Each Receipt this Period

832.00

P/R Deduction (\$416.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C MULVIHILL

Mailing Address 27382 VIA PRIORATO

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363804598

Amount of Each Receipt this Period

350.00

P/R Deduction (\$175.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MICHELE A TOWNSEND

Mailing Address 26022 HORSE SHOE CIR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

COMMUNITY RELTNS DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363844598

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1202.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P OLSON

Mailing Address 24902 SUNSET PL E

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10363934598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TALENT ACQ & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364004598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ALYCE PETERSON

Mailing Address 10033 WINESAP AVE

City

CHERRY VALLEY

State

CA

Zip Code

92223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364024598

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. B P PILLION

Mailing Address 915 STOKES RD

City

VILLANOVA

State

PA

Zip Code

19085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364044598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City

YORBA LINDA

State

CA

Zip Code

92887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORP AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364054598

Amount of Each Receipt this Period

84.00

P/R Deduction (\$42.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP REAL ESTATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364084598

Amount of Each Receipt this Period

450.00

P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

614.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

INTERNAL AUDIT DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364094598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R RICE

Mailing Address 11 STILLWATER

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364144598

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS M RONCE

Mailing Address 19 GLEN ELLEN

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & TAX COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364204598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J SCHINDLER

Mailing Address 28472 AVENIDA PLACIDA

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364264598

Amount of Each Receipt this Period

600.00

P/R Deduction (\$300.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. KIMBERLY K SCHULTZ

Mailing Address 28392 CALLE PINON

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364304598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364314598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR HR GENERALIST COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364324598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364334598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TECH OFFICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364354598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN M SMITH

Mailing Address 33342 COVE ISLAND PL

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364414598

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR PORTFOLIO OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364444598

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP HR & FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364504598

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. ALICE P TERLECKY

Mailing Address 2130 CAMINO LAUREL

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364574598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364584598

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364594598

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364604598

Amount of Each Receipt this Period

833.32

P/R Deduction (\$416.66 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP REGULATORY PROD ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364624598

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364634598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1073.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE UWG & CONST SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364654598

Amount of Each Receipt this Period

300.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. NAOMI D WHEELER

Mailing Address 1827 MAIN ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364734598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN WHITE

Mailing Address 28532 VIA PRIMAVERA

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364744598

Amount of Each Receipt this Period

240.00

P/R Deduction (\$120.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN D WUEST

Mailing Address 32 COLORIDO

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364804598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City

IRVINE

State

CA

Zip Code

92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP VAR REGULATORY COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364824598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City

DREXEL HILL

State

PA

Zip Code

19026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10364834598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365144598

Amount of Each Receipt this Period

700.00

P/R Deduction (\$350.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL V LIGEROS

Mailing Address 44 RABANO

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PROD & COMPETITION CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365204598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365214598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. REX A OLSON

Mailing Address 1963 PORT LAURENT PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP&SR MANAGING DIR (LEV FIN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365224598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. SAMUEL TANG

Mailing Address 9 KEMPTON LN

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PRINCIPAL PAC TRIGUARD COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365234598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CYNTHIA D BARNARD

Mailing Address 510 TUSTIN AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365294598

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROLYN DEAN

Mailing Address PO BOX 3051

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365344598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ANGELA D HARRELSON

Mailing Address 286 VIRGINIA PL

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

BUS SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365404598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL E RUMSEY

Mailing Address 25221 SPINDLEWOOD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365454598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP TECH & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365474598

Amount of Each Receipt this Period

320.00

P/R Deduction (\$160.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXECUTIVE VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365544598

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. LOREN M DOLLET

Mailing Address 8 JUPITER HLS

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365554598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PROGRAMS & PROJECTS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365584598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. TENNYSON S OYLER

Mailing Address 52 PEONY

City

IRVINE

State

CA

Zip Code

92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365614598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP HR PRGMS & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365684598

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2925.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365734598

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City

ALAMO

State

CA

Zip Code

94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365784598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365844598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City

BOCA RATON

State

FL

Zip Code

33428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365854598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. CHRISTINA Q HE

Mailing Address 16625 SONORA STREET

City

TUSTIN

State

CA

Zip Code

92782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365874598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ERIC B MILLS

Mailing Address 25202 LA ESTRADA DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED DESIGN UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365954598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City

BRIDGEWATER

State

MA

Zip Code

02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

NATL SLS MGR KEY ACCT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365964598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. EVAN P OHS

Mailing Address 2917 W MCGRAW ST

City

SEATTLE

State

WA

Zip Code

98199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365974598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JULIET A PINKERTON

Mailing Address 30 HISTORY ROW

City

THE WOODLANDS

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10365994598

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILLIP L SALEMNO

Mailing Address 47 BETSY LN

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366034598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366044598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS R MC KAY

Mailing Address 210 OXFORD AVE

City

CLARENDON HILLS

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366064598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
MS. JOANN ROGERS

Mailing Address 909 DREXEL AVE

City State Zip Code  
DREXEL HILL PA 19026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366084598

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP VALUATION & RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366104598

Amount of Each Receipt this Period

180.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. DALE W PATRICK

Mailing Address 11975 LAMBERT

City State Zip Code  
TUSTIN CA 92782

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
AVP PORTFOLIO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366144598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366154598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR MKTG ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366164598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S ROBB

Mailing Address 34 CLIFFHOUSE BLF

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366194598

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MKT & CREDIT RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366214598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B ARMSTRONG

Mailing Address 5322 LAIRD RD

City

LOOMIS

State

CA

Zip Code

95650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366224598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LISA M HENSGEN

Mailing Address 7900 INNISBROOK CT

City

PROSPECT

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366264598

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366274598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CAPITAL MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366284598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS C BILELLO

Mailing Address 17812 BIGELOW PARK

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP OPERATIONS COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366294598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP E-COMMERCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366304598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EVP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366314598

Amount of Each Receipt this Period

833.32

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CORP SECRETARIAL CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366324598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

963.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP BUS &amp; TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: PR10366354598

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GIBBONS

Mailing Address 1970 PARK NEWPORT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: PR10366364598

Amount of Each Receipt this Period

600.00

P/R Deduction (\$300.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	0

Transaction ID: PR10366394598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

1090.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES KARAFIA

Mailing Address 182 STANHOPE RD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366404598

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366414598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY L KEELING

Mailing Address 406 1/2 HELIOTROPE AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366424598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH W KRUM

Mailing Address 43 LEMANS

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366444598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. DARCY L LEWIS

Mailing Address 1850 INDUSTRIAL ST

City

LOS ANGELES

State

CA

Zip Code

90021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366454598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PROD & COMPETITION CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366464598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City

SAN MARCOS

State

CA

Zip Code

92069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MGR BROKER DEALER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366494598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366504598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A SANDBERG

Mailing Address 400 FLINT AVE

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366524598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH D SCHNEIDER

Mailing Address 307 ESQUINA

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INFO TECH SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366534598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH H SKINNER

Mailing Address 57 CORAL LK

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366554598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CHERYL L TOBIN

Mailing Address 24426 PEACOCK ST

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366574598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. CATHLEEN H PULFORD

Mailing Address 33742 PEQUITO DR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REG RPTG &amp; ANA CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10366614598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RISK SELECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10366624598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN W BERWALD

Mailing Address 17601 PARKE LN

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10366634598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE A PAULIK

Mailing Address 2990 WINDSTONE CIR

City

MARIETTA

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FVP-NCM FI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366654598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF J BRADSHAW

Mailing Address 22081 OAK GRV

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366674598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City

LONG BEACH

State

CA

Zip Code

90808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYSIS SUPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366684598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1036694598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W COX

Mailing Address 4291 AVOCADO AVE

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT DELIVERY MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366704598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVEN R ELDER

Mailing Address 385 25TH AVE

City

MILTON

State

WA

Zip Code

98354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366724598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN K ENG

Mailing Address 324 TURTLE CREST DR

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366734598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT GOLDSTONE

Mailing Address 1419 SEA RIDGE DR

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CHIEF MED OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366744598

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366754598

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ACQUISITIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366764598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF A JOLLEY

Mailing Address 54 ASHBROOK

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP AMF CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366774598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACTUARIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366784598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA L KOTOWICZ

Mailing Address 795 TREPHANNY LN

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366794598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CHIEF COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366824598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DAWN M TRAUTMAN

Mailing Address 7424 CITY LIGHTS DR

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP IT & STRATEGIC PLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366864598

Amount of Each Receipt this Period

210.00

P/R Deduction (\$105.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K VINSON

Mailing Address 2111 OWENS DRIVE

City

FULLERTON

State

CA

Zip Code

92833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

ACTUARIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366874598

Amount of Each Receipt this Period

48.00

P/R Deduction (\$24.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City

GLENWOOD

State

NJ

Zip Code

07418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366884598

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366914598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

308.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. BRANDON J CAGE

Mailing Address 27 SKYWOOD ST

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366954598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY D GARDNER

Mailing Address 214 S 202ND ST

City

ELKHORN

State

NE

Zip Code

68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

COMPLIANCE MANAGER, NE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10366994598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FLD SVCS PROJ ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10367004598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City

STUDIO CITY

State

CA

Zip Code

91604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP COLI UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10367014598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

MR. CHIN H KIM

Mailing Address 24 TAOS

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR ADVD MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10367024598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Mon-  
thly)**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE K LEE

Mailing Address 10158 NADINE ST

City

TEMPLE CITY

State

CA

Zip Code

91780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DATABASE MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR10367044598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD C SEXTON

Mailing Address 2800 KELLER DR APT 50

City

TUSTIN

State

CA

Zip Code

92782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR DATABASE ADMINR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10367094598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP AGG & INS RISK MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10367124598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM Y CHU

Mailing Address 22931 GALAXY LN

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PRICING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10367144598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J HUNT

Mailing Address 20130 NE 28TH PL

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10367164598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR ANNUITIES PRODUCT DEVELOPM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10367184598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10371994598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City

MT. LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614784598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY J BIZAL

Mailing Address 18813 O ST

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

HUMAN RESOURCES MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614804598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN MCKEAN

Mailing Address PO BOX 1153

City

NEWPORT BEACH

State

CA

Zip Code

92659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP GLOBAL MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614824598

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLETON J MUENCH

Mailing Address 111 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614834598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP SPECIALIZED MRKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614844598

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. TIM N SHAHEEN

Mailing Address 27621 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP SLS & MKTG OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614874598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City

HOMEWOOD

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10614924598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J DONNELLY

Mailing Address 9 SONOMA DR

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10667994598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP&SR MANAGING DIR (LEV FIN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR10668014598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES F SHERIDAN

Mailing Address 9584 ROBIN AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR ACG/AIRCRAFT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR11084694598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

City

WEST LINN

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR11106894598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR11323354598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. ANN M DELANEY

Mailing Address 9 GRENADA ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR12361934598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER D BOND

Mailing Address 225 SAN TROPEZ CT.

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

INTERNAL AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR15598894598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDREW OLEKSIW

Mailing Address 22 SKY RANCH RD

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR15598904598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. RAE A MCKEATING

Mailing Address 25842 DANA BLF W

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130714598

Amount of Each Receipt this Period

140.00

P/R Deduction (\$70.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER S DALLAS

Mailing Address 23 EARLYMORN

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130734598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130754598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JENELLE J FRANKLIN

Mailing Address 6131 COSTA DEL REY

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130764598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DONAL P HANLEY

Mailing Address 591 S MARENGO AVE UNIT 7

City

PASADENA

State

CA

Zip Code

91106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130774598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER L KRUMM

Mailing Address 1083 CAMPANILE

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FIN & DERIVATIVE RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130804598

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN MELEIKA

Mailing Address 406 1/2 HELIOTROPE AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR INV ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130824598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. GUY M MOCKELMAN

Mailing Address 4227 N BRANCH DR

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

INTERNAL WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130834598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DIANE M MONTOYA

Mailing Address 3416 N 35TH PL

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130844598

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK M MORRISSEY

Mailing Address 41 VIA BELLEZA

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130854598

Amount of Each Receipt this Period

25.00

P/R Deduction (\$0.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City

VALENCIA

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130864598

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT P ROBINSON

Mailing Address 130 LAKE PINES DR

City

BRIGHTON

State

MI

Zip Code

48114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR22130884598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY C HAMILTON

Mailing Address 14 ARGOS

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CONTRACTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR22336354598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. SHEPHEARD M JAMES

Mailing Address 18030 BROOKHURST ST.

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR FIN CNTRL &amp; IT AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR22336364598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL L ADAMS

Mailing Address 29362 ELBA DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR23430884598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J MILLER

Mailing Address 2628 RYCROFT CT

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP IND PROD CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR31736844598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P JACKSON

Mailing Address 59 AUGUSTA

City

COTO DE CAZA

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP SALES DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR32777124598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK M ALLEN

Mailing Address 49 VIA ABRUZZI

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MGR EQ ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677824598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BELL

Mailing Address 12123 COURSER AVE

City

LA MIRADA

State

CA

Zip Code

90638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677844598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARIAN C BLACKSHEAR

Mailing Address 5528 BELLFLOWER BLVD

City

LAKEWOOD

State

CA

Zip Code

90713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677854598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURA J GLENN

Mailing Address 246 PARKCREST

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

INTERNAL AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677864598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHRYN N HENSLER

Mailing Address 24372 ENCORVADO LN

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR PARALEGAL ANA I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677874598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL E KOMOROSKE

Mailing Address 8 OSPREY AVE

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677884598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DEAN R LAGERBORG

Mailing Address 58 BRISA FRESCA

City

RCHO STA MARGARITA

State

CA

Zip Code

92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INFO TECH SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677894598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677904598

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. KAREN L MOYER

Mailing Address 4821 SUNNYBROOK AVE

City

BUENA PARK

State

CA

Zip Code

90621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR SYSTEMS ANA (LD)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677914598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL R MYTHEN

Mailing Address 21307 NE 97TH PL

City

REDMOND

State

WA

Zip Code

98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677924598

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. CYNTHIA A EARLY

Mailing Address 293 N PASEO DE JUAN

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FACILITIES COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677934598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN D PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP APPL ARCH & INTEG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677944598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY S PHILLIPS

Mailing Address 14932 PENFIELD CIR

City

HUNTINGTON BEACH

State

CA

Zip Code

92647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677954598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER L RATCHFORD

Mailing Address 2807 FOUNDERS BRIDGE RD

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677964598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JON W RUELLE

Mailing Address 14 FULMAR LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR CLIENT SVC PROJECT ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677974598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. PARAG S SHAH

Mailing Address 24972 FOOTPATH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677984598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KARI S TURIGLIATTO

Mailing Address 253 NIETO AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33677994598

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARTHA A WIEDMANN

Mailing Address 11201 BARDON HILL DRIVE

City

BAKERSFIELD

State

CA

Zip Code

93312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PSD COMPLIANCE CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33678004598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DEIDRE B WILSON

Mailing Address 24215 SPARKLING SPRING LN

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SUPR LITIGATION & COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33678014598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES P WITKOWSKI

Mailing Address 5620 FOXTAIL LOOP

City

CARLSBAD

State

CA

Zip Code

92010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR33678024598

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL F MIRANNE

Mailing Address 153 SHUTE CIR

City

OLD HICKORY

State

TN

Zip Code

37138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR34419154598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW F WILHOIT

Mailing Address 416 HELIOTROPE AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR34659104598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN RODDY

Mailing Address 23221 VIA DORADO

City

COTO DE CAZA

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR38370894598

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. WESLEY G AKINS

Mailing Address 9 BROOKDALE

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR BUS ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582194598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A HENDERSON

Mailing Address 20727 E MAPLEWOOD LN

City

CENTENNIAL

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582254598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL J KUBICA

Mailing Address 26362 YOLANDA ST

City

LAGUNA HILLS

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR FLD COMP &amp; CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR43582264598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. CARLA M MILLER

Mailing Address 890 SHORES BLVD

City

ROCKWALL

State

TX

Zip Code

75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR43582274598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDALL D MOODY

Mailing Address 600 E. ELM ST.

City

BREA

State

CA

Zip Code

92821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CONSTRUCTION SVCS MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

Transaction ID: PR43582284598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH J NICOLSI

Mailing Address 5865 E ANDOVER DR

City

HANOVER PARK

State

IL

Zip Code

60133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582294598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTIAN J PHANCO

Mailing Address 4447 PARKCOURT LN

City

RIVERSIDE

State

CA

Zip Code

92505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582314598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT D REYNOLDS

Mailing Address 10140 MORNINGSTAR CIR

City

VILLA PARK

State

CA

Zip Code

92861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INFO SEC & BCP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582324598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. VINCENT E SAMA

Mailing Address 39 SAMMIS ST

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582334598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURYN D SMITH

Mailing Address 17870 NEWHOPE ST.

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR PAYROLL TAX ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582344598

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. VINCENT A SPERA

Mailing Address 1616 LOOKOUT CIR

City

WAXHAW

State

NC

Zip Code

28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR43582354598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JOANNE T GAGNON

Mailing Address 359 PEARL ST

City

READING

State

MA

Zip Code

01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR4823224598

Amount of Each Receipt this Period

84.00

P/R Deduction (\$42.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY D PENCE

Mailing Address 27691 BLOSSOM HILL RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

ADVD DESIGN CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR4823224598

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. CADE H CHERRY

Mailing Address 20 ESTERO POINTE

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR61125884598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

334.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY L FALDE

Mailing Address 9212 SANTIAGO DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & APPNTD ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR61125904598

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

34314.96

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 93

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Continuing A Majority PAC	<b>Transaction ID:</b> 9716916 <b>Date of Disbursement</b>
Mailing Address 2501 Wisconsin Avenue, NW #304	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20007 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>011</div> <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) DAKPAC	<b>Transaction ID:</b> 9716918 <b>Date of Disbursement</b>
Mailing Address 426 C Street, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>011</div> <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Bob Corker For Senate, Inc.	<b>Transaction ID:</b> 9716919 <b>Date of Disbursement</b>
Mailing Address PO Box 848	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 1 0</div> </div>
City Chattanooga State TN Zip Code 37401 Purpose of Disbursement Contribution Candidate Name Sen. Robert Corker	Amount of Each Disbursement this Period <div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	<div> <div>011</div> <div>Category/Type</div> </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 631-B Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9716920

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2010

Amount of Each Disbursement this Period

3500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

8500.00